

FUNCTIONAL ABILITY EVALUATION MEDICAL REPORT

TOP PORTION MUST BE COMPLETED BY APPLICANT - Please use BLACK ink

Fax Number: 801 957-8698**www.driverlicense.utah.gov****UTAH DRIVER LICENSE DIVISION****P O BOX 144501****SLC UT 84114-4501****(801) 965-4437**

Last Name	First Name	Middle or Maiden Name	Date of Birth	Driver License or Driving Privilege Card Number
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Street Address	City	State	Zip Code	Social Security Number / ITIN
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☐ Address above is different from the address showing on my Driver's License or Driving Privilege Card.

If you have a commercial driver license, you will need to appear at a commercial driver license office to obtain a new license with your correct address.

As part of my application for driving privileges, the following information about my physical, mental and emotional health is submitted. Report below anything which might affect driving, such as heart attacks, use of alcohol or other drugs, psychiatric conditions, accidents, visual loss, etc. **If you experience seizures, please give date(s) of the last occurrence(s). Also, please list any medications being used for any medical conditions:**

By signing this form, I authorize my healthcare professional(s) to disclose specific health information regarding my physical, mental and emotional condition relevant to my ability to safely operate a motor vehicle, to the Utah Driver License Division, P.O. Box 144501, Salt Lake City, Utah 84114-4501. This authorization is valid for five years or the period of time needed to fulfill its purpose, whichever comes first. I also understand that I may revoke this authorization at any time, by sending written notification to the Utah Driver License Division at the above address.

I understand that if I fail to sign this authorization my driving privilege may be affected. I understand that this information may no longer be protected in accordance with HIPAA but will be classified as a private record in accordance with GRAMA (UCA 63G-2-202). Individuals who are entitled to have a "private" record disclosed to them are limited to the subject of the record, a parent or legal guardian of an unemancipated minor or legally incapacitated individual, an individual with power of attorney or a notarized release signed by the subject of the record, or an individual with a court or legislative subpoena.

APPLICANT'S SIGNATURE:**Date:****Form will not be processed without signature****Commercial Intrastate drivers (Class A, B, C, D Licenses) must be profiled in ALL categories by the examining health care professional.****HEALTH CARE PROFESSIONAL REPORT**

The following functional ability profile is for use in determining driving privileges. It is consistent with **Functional Ability in Driving: Guidelines and Standards for Health Care Professionals**. Details are found in the current edition of the Guidelines and Standards. Please mark profile below with a horizontal line or an "X" to show appropriate level for each category. In some categories, final level may depend upon driving test. Please check the box below to indicate that a driving test should be taken.

Profile Level	A Diabetes & Metabolic Condition	B Cardio-Vascular & High Blood Pressure	C Pulmonary <input type="checkbox"/> Inhaler Only <input type="checkbox"/> Oxygen w/Driving	D Neurologic	E Seizures or Episodic Conditions	F Learning Memory	G Psychiatric or Emotional Condition	H Alcohol & Other Drugs	J Musculo-skeletal/ Chronic Debility	K Alertness or Sleep Disorders	L Hearing <input type="checkbox"/> (CDL) Balance <input type="checkbox"/>
1											
2					K MAB C						
3			K	K			K	K	K MAB C	K MAB C	
4	K					K			DST	D *	
5						Not Used			DST	S D A *	K
6		S D A *	S D A *	DST		DST/S D A *		S D A *	DST	Not Used	Not Used
7											
8											

If it is not possible to complete all categories, please check one of the following:

- ☐ Non-standard review time frame
- ☐ Profile categories not marked are relevant and should be completed by another health care professional.
- ☐ There are special considerations I would like to discuss with a representative of the Department or the Medical Advisory Board.
- ☐ I have not examined this patient recently or completely enough to have a valid judgment.
- ☐ I recommend this driver complete a driving skills test in an appropriate vehicle.

* Recommended Restrictions:

- ☐ Speed ☐ Daylight only ☐ Area
- ☐ Accompanied by licensed driver
- ☐ Oxygen while driving

K = for Division use only DST = Driving Skills Test
MAB = Medical Advisory Board C= Commercial

Date (current within 6 mos.)	Printed Name of Health Care Professional and Degree	Signature	State License Number
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Street Address	City	State	Zip Code	Telephone	Fax Number
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Doctor's Comments _____

Date (current within 6 mos.)	Printed Name of Health Care Professional and Degree	Signature	State License Number
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Street Address	City	State	Zip Code	Telephone	Fax Number
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Doctor's Comments _____

FOR USE AS AN OVERVIEW ONLY

Functional ability profiles serve to define a person's physical, mental, or emotional health in a way that it can easily be related to issuing regular or restricted driver licenses.

This table shows, in general, the principle requirements for each level and may be **used as a rough guide only**. A full narrative description and table for each category are found in the

Functional Ability In Driving: Guidelines and Standards for Health Care Professionals, which is available at a Utah Driver License Division office or on-line at www.driverlicense.utah.gov

Level	A Diabetes & Metabolic Conditions	B Cardio- vascular	C Pulmonary	D Neurologic	E Seizures & Episodic Conditions	F Learning Memory	G Psychiatric Emotional Condition	H Alcohol & Other Drugs	I Visual Acuity	J Musculo- skeletal or Chronic Debility	K Alertness & Sleep Disorders	L Hearing & Balance
1	No history	No past history or fully recovered	No disease or fully recovered	No history or fully recovered	No history or none in 5 years w/o medication	No history or fully recovered	No history or no symptoms for 2 years	No history or no problems within 2 years	THIS CATEGORY PROFILE SHOULD BE COMPLETED ON A SEPARATE FORM: "CERTIFICATE OF VISUAL EXAMINATION"	No history or fully recovered 1 year or more	No history or problem for 2 years. ESS <6	No current or past balance problem
2	Adult, stable with non-insulin stimulation , diet and/or oral meds	All Class I rhythm, no limits, no symptoms on ordinary activity	Minimal symptoms. No steroids	Minimal impairment, able to control equipment	Seizure free 1 year, off medication	Minimal difficulty with good adjustment	Stable 1 year with or without medication	No consequences within past year		Minimal loss of function	Problems with good self-management ESS 7-9	Mild balance (Meniere's disease)
3	Stable on oral insulin-stimulating agent and/or diet	Class I rhythm stable, with pacemaker for 6 months Symptoms with strenuous activity	Symptoms on activity, intermittent steroids FVC & FEV>50% of normal	Slight impairment, able to control equipment	Seizure free 1 year, on medication	Slight impairment with good judgment	Stable 3 months with or without medication	No consequences within past 6 months		Mild loss of function with or without compensatory device	Mild/moderate problems, good professional management ESS 10-12	Problems but not incapacitating
4	Stable on insulin for 1 year	Class II rhythm, stable for 3 months Diastolic under 120	Stable with O ₂ or steroids, dyspnea on exertion	Moderate impairment of dexterity	Seizure free 6 months on medication	Moderate impairment with good judgment	Stable 1 month with medication	No consequences within past 3 months		Moderate loss of function with or without comp device	Moderate problems related to time of day ESS 13-15	Recurring problem, not in past 3 months
5	Stable for 6 months	Class III anticipated aggravation by unlimited driving	PO2 over 50, symptoms w/ordinary activity, no cough syncope 3 months	Moderate impairment and decreased stamina	Seizure free 3 months on medication	NOT USED	Minimal dyskinesia, medications which interfere with coordination	No consequences within past 1 month		Limited joint motion	Moderate problems related to time and circumstances ESS 13-15	Recurring problems not in past 1 month
6	Stable for 3 months	Class III unstable rhythm, uncontrolled hypertension	Severe dyspnea no syncope within 3 months	Moderate impairment expected to be temporary	Single recurrence over 2 years Special circumstances	Moderate impairment, variable adjustment or altered competence from meds, alcohol,drugs	As recommended. Driving under direct supervision may be therapeutic	Intermittent impairment of function, not in driving or working hours, drive under supervision		Impairment or debility requiring assistance of responsible driver	NOT USED	NOT USED
7	Special Circumstances or under evaluation											
8	Severe unstable insulin-dependant NO DRIVING	Class IV arrhythmia with loss of conscious uncontrolled Ht, NO DRIVING	Severe dyspnea, syncope within 3 months NO DRIVING	Impairment incompatible w/driving NO DRIVING	Seizures not controlled or interfering medications, NO DRIVING	Severe impairment and poor adjustment NO DRIVING	Active condition with risk NO DRIVING	Chronic use of alcohol or drugs NO DRIVING	Level 10 20/200 or worse with VF less than 60 degrees NO DRIVING	Chronic unsafe conditions NO DRIVING	Severe problem, no medication or unsuccessful therapy NO DRIVING	Chronic balance problems NO DRIVING